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2024 DEC -6 AM 9: 10
SECRETARY OF STATE

COVER LETTER

TO:

		stration Sec sion of Corp					
oup to z		SKYINK LI	.C				
SUBJEC	Л:	Name of Limited Liability Company					
The enclo	osed	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please re	turn :	all correspon	dence concerning this matter	to the following:			
			DAVID F GALLANT				
				Name of Person			
			ONAL GALLANT BAYR	AM & AMIN PC			
	Firm/Company						
			619 RIVER DR SUITE 34	10			
				Address			
	ELMWOOD PARK, NJ, 07407						
				City/State and Zip Code	2024 DEC -6 SECRETAR		
			irem@ogplawfirm.com				
			E-mail address: (to be used for future annual report notification)	AR -6		
For furth	er in	formation co	ncerning this matter, please ca	all:	第二章		
DAVID	F G/	ALLANT		201 508-0808 at ()			
		Name of	Person	Area Code Daytime Telephone Number	一点。		
Enclosed	l is a	check for the	e following amount:				
■ \$25.	00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &		
		ling Address		Street Address:			
Registration Section Division of Corporations P.O. Box 6327				Registration Section Division of Corporations			
			7	The Centre of Tallahassee			
	Tall	lahassee, F	1. 32314	2415 N. Monroe Street, Suite 81	0		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKYINK LLC		
(<u>Name of the Limited Liability</u>) (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor-	mpany were filed on JUNE 19, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SECULE
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the	name of the new register
Name of New Registered Agent:		9: 10 9: 10
New Registered Office Address:	Enter Florida street address	
	Dinate	1
	, Floric	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HALIL IBRAHIM KARAĐERE	495 Brickell Avenue Apt #5605 Miami Fl. 33131	□Adđ
			Remove
			Change
AMBR	BIRSEN VONA	495 Brickell Ave, 5605, Miami FL 33131	■Add
			□Remove
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Sective date, if other than the neffective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ock does not meet the applica	o date of filing or more the ble statutory filing rec	nan 90 days after quirements, this	filing.) Pur date will	suant to 6 not be I	05.020 isted a
ecord specifies a delayed effective is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on th	ie earlier of: (b)	The 90	th day ai	fter the
October 23	2024					
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Filing Fee: \$25.00